



# NH Bureau of EMS Newsletter

Volume 14, Issue 4

July, 2014—August, 2014

## Special points of interest:

- We have a new online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the [Course and Exam Schedule](#).
- Don't forget to take the Spinal Injury Protocol Course on [NHOODLE](#). It is under **EMS**, then under **Continuing Education**.

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## Message from the Bureau Chief

The Bureau of EMS continues to deliver services to providers and EMS units so they may serve their communities. We continue to work on a variety of major projects focused on improving the system both internally and as a whole. Thanks to everyone in and outside the Bureau for your assistance and support, and an occasional push in the right direction. I wanted to say thank you to all the Division's staff for helping me with the transition, and those members of the system for their support. I also especially want to thank all providers who have spoken to me this year telling me what we do well and not so well. This open communication has been very helpful, please keep it up!

It has almost been a year as Bureau Chief for me and what a year! We have been working on the AEMT transition with prep classes, anatomy & physiology classes, and mobile testing. ALS has been diligently working on protocols including the spinal motion restriction, Narcan, and Mobile Integrated Healthcare. Field services has been working on the investigation process, new equipment lists, and licensing framework for ambulances.

I want to extend a warm welcome to Jon Bouffard as the first Deputy Bureau Chief for the Bureau. He brings a wealth of experience and background from call firefighter, DHART paramedic, and EMS Coordinator. His duties will mainly be trauma related but will also oversee education and ALS. Welcome Jon!

In addition I want to thank all the other candidates for this position. We were presented with four outstanding professionals to choose from and had to make a very difficult choice. I thank the committee that helped us choose.

Thanks and stay safe. As always please contact the Bureau if you have any questions or concerns.

Thanks,

Chief Mercuri

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### BEMS: New Positions

In addition to Jon, we have hired Denice McAdoo as a program assistant providing support to Rich Cloutier, our investigator. This will help Rich move things along quicker and make him more available for questions and education. Welcome Denice!

We have also hired Todd Donovan as a program coordinator to assist Chip with TEMSIS and data reporting. Todd will be working on TEMSIS projects and creating data reports so we can better understand how our statewide system is operating. Welcome Todd!

Wondering where you can find that Initial or RTP program you heard about? Check out our list of courses on the [Course and Exam Schedule](#).

## EMS in the Warm Zone

A small group of EMS, Fire, and Police have begun discussing how EMS can safely operate in the warm zone of an active shooter incident. We know from over 200 incidents since the school shooting at Columbine, CO if we don't get to patients quickly, they expire. Recently we have begun to consider how we can get into a semi-secure area and safely remove victims to save their lives. We are reviewing best practices and discussing how they might be applied to NH. In the coming months you will see more from this group and best practice recommendations.

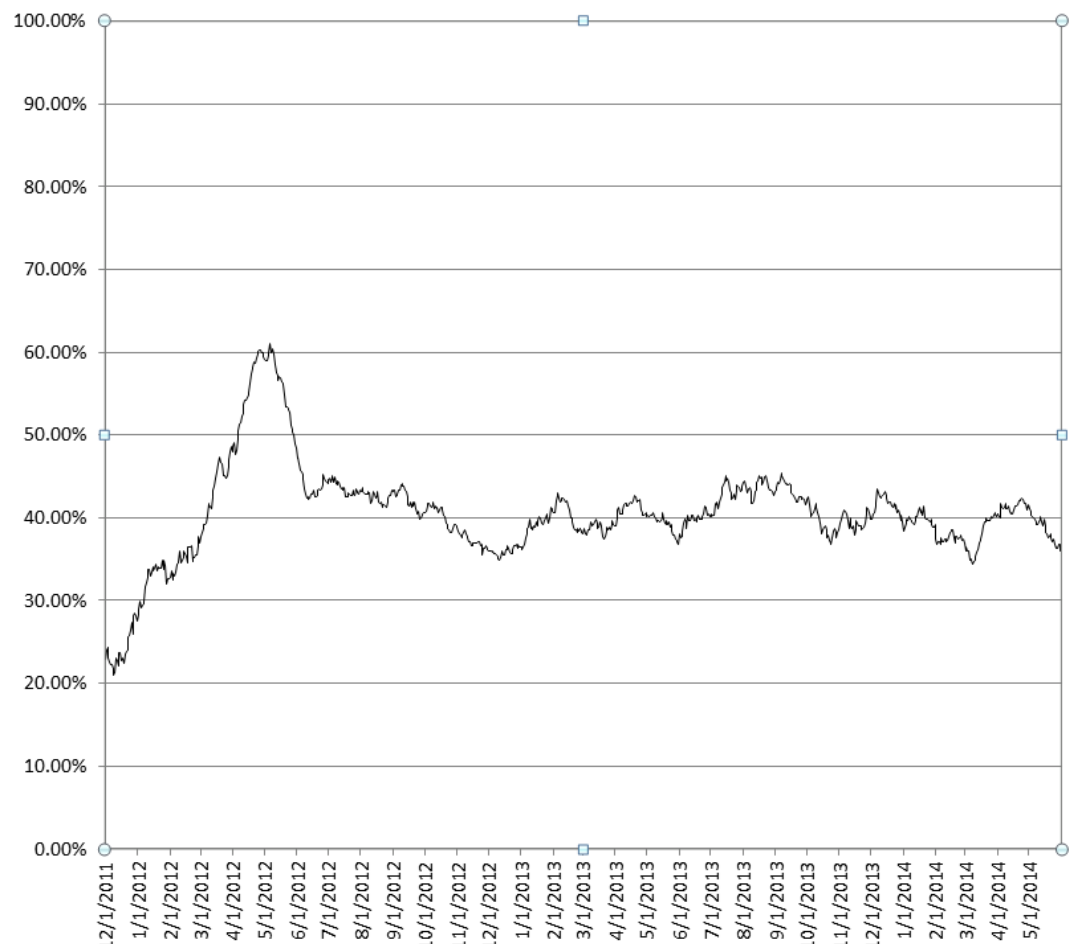
## Data Reporting: A Data Entry or a Patient Care Problem?

We are in the process of establishing state wide data reports and are excited to be able to publish the first one on the use of Aspirin (ASA) for non-traumatic chest pain of a cardiac nature. Statewide about **50% of our chest pain patients** are receiving ASA. This appears to be very low considering our education in past years about STEMIs. Therefore I ask all services to look at how they are documenting this information and see if these numbers truly represent our administration of aspirin to a chest pain patient. Perhaps this is more of a documentation error, and not reflective of actual patient care. Please contact [Chip Cooper](#) with any questions.

We're on the Web!  
[www.nh.gov/ems](http://www.nh.gov/ems)

There are  
currently **5,394**  
licensed EMS  
Providers in the  
State of New  
Hampshire.

% Patients Recieveing ASA



## Education

The Education Section continues our normal daily operations of course reviews, approvals, and course audits. The Simulation Program, the AEMT Test Preparation program, and the PearsonVUE Mobile Testing Lab have all continued to be very well-received and in high demand. The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average and have improved slightly in the past two months – our candidates are enjoying a 66% first-time pass rate and a 77% overall pass rate. We currently have 729 EMT-Intermediates who have yet to transition. To those people, what can we do to help?

Since hosting the National Registry of EMTs in May with the hopes of piloting the NREMT's National Core Competency Program, the Education Section has worked with the Instructor Cabinet to review the proposed pilot program and has come up with a number of requested program changes which have been submitted to the NREMT for their consideration. The NCCP program redefines how EMS continuing education is delivered and represents a substantial evolution in our profession's education. If the proposed changes

are accepted by the NREMT, we will begin the monumental task of implementation with a targeted start date of April 2015.

We have also met with the reconvened Commissioner's Ad-Hoc Committee on Refresher Training with the focus of improving the course audit process. It has been three years since this Committee recommended that an audit program be established and we have begun to present our report to this group and are looking to them to help us identify areas of improvement. This Committee consists of stakeholders from many different facets of EMS, and nearly all of the original members of this Committee have returned to help the process evolve.

Finally, the Education Section worked with the ALS Coordinator and the Educational Technology Section to develop, test, and roll out a Narcan training aimed at EMTs, EMRs, and police officers in response to the public health emergency of opiate overdoses. To date 1,303 students have passed this online program.

AEMT Mobile Testing		
Pre-Approved Testing Sites	10	
Tests Conducted	17	
Individuals Tested	103	
AEMT Prep Classes		
Classes Conducted	56	
Individual Participants	603	
Classes Scheduled	5	
AEMT Transition Tests		
NH 1st Time Pass Rate	66%	352
NH Overall Pass Rate	77%	407
Candidates Tested	531	
Current AEMTs	524	
Transitioned AEMTs	407	
EMT-Is Still to Transition*	729	
Vouchers Issued	578	

## Mobile Integrated Healthcare

We have been working with the Department of Health and Human Services on the concept of a waiver for any EMS service wishing to provide this exciting new service. They are supportive of the concept and it is moving forward. We have met to revise our protocol and are developing the framework of a program to use the prerequisite protocol. More details should be available shortly.

## Narcan Use

We have had more 1,303 people take the Narcan training on NHOODLE since launching the education in May. Please follow this link to the training and contact Vicki Blanchard if you have any questions,

<https://nhoodle.nh.gov/ola/course/index.php?categoryid=13>

Please remember to support lay rescuer CPR and Rescue Breathing in your communities and specific patient populations. This simple technique will save many lives while awaiting EMS's arrival.

The helpdesk links will take you to a form to describe your issue that is then emailed to the TEMSIS staff.

Currently, this is only an email form and there is no tracking program to log into.



Help Desk



"Abe" the BEMS  
Adult  
Simulation Manikin

Contact Michael Kennard to schedule this valuable training to come to your department!

[Michael.kennard@dos.nh.gov](mailto:Michael.kennard@dos.nh.gov)

## BEMS: Administrative Rules

Our rules are still moving forward, but slowly. We will let you know when the public hearings are.

### Field Services: Investigation Update

We have been in a lot of serious discussion recently on how we deal with complaints about EMS providers and services. We continue to work along with the Department of Safety attorney and the subcommittee on wording and process updates. At this time we have 29 investigations; 3 in probation, 7 waiting criminal action, 4 with significant documentation issues and 6 licensing issues. This means we are investigating 0.0001% of the providers and services. I can say that most people do a great job so keep up the good work!

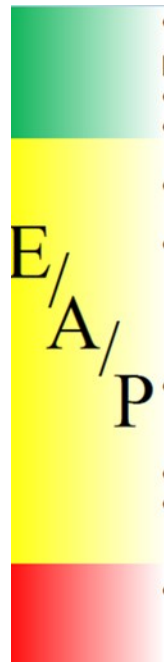
While most of the feedback we receive from those involved in the process has been very positive, even from people being investigated, we have still been criticized for not being transparent or providing a fair process. After several discussions it has become very clear that many of the concerns we are hearing are based on misconceptions rather than actual process issues. I am very supportive of discussions about updating the process because I understand the environment we work in changes, however this process is to protect patient safety. Our first responsibility is to the patient, which I understand will not always be comfortable for some providers and services. We will do what we can to make this non-threatening, but we will have limitations. We have people at the Bureau that are there to answer any questions you may have about the process and are also here to guide the complainant, the respondent and the witness through the procedure.

I hope this simple description will help people understand more of our process. We gather information; speak to providers and witnesses, and to the respondent. Based on this fact finding we make a determination if there was even a problem. As with any finding that may hinder your livelihood or affect your license, you always have the option of having your voice heard by an impartial third party. If a finding is made against a provider; the Bureau of Hearings of the Department of Safety hears from both sides and either agrees and upholds our finding or disagrees and overturns or amends our finding. The closest example of this process is compared to the police department and court system. We act like the police by fact finding. The Bureau of Hearings acts like the court. If warranted, we investigate, including talking to witnesses and the accused. The process we follow is similar to that experienced when a person is found to be speeding and receives a ticket. That person, the accused, has an opportunity for a hearing if they disagree with the ticket.

We have posted slides describing our complete investigation process on our website's homepage for all to review. If you have any questions please do not hesitate to call Rich Cloutier or Bureau Chief Mercuri. We will be available to provide this education to any department wishing for more information.

### Advanced Life Support: Spinal Motion Restriction

I want to take this opportunity to thank everyone for completing the Spinal Injury Protocol training. In discussion with many of the hospitals it has come to our attention that some providers are placing a collar on their patients and having them **sit** on the cot. Patients that have been ruled in to spinal motion restriction will have the collar applied and secured to the cot in the **flat** position, not sitting. Please see below for the clarification on the protocol:

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- Apply adequate padding to prevent tissue ischemia and minimize discomfort.
  - If patient requires spinal motion restriction:**
  - Apply a cervical collar.
  - For ambulatory patients, allow the patient to sit on the stretcher, and then lie flat. (The "standing take-down" is eliminated.).
  - Once the patient is moved to the stretcher, remove any hard backboard device by using log roll or lift-and-slide technique.
  - Patients should only be transported to the hospital on a rigid vacuum mattress or hard backboard if it is necessary for patient safety (e.g., combative patient), or other treatment priorities (e.g., to address suspected increases in intracranial pressure associated with traumatic brain injury. See also Traumatic Brain Injury 4.6), or removal would delay transport of an unstable patient.
  - Lay the patient flat on the stretcher, secure firmly with all straps, and leave the cervical collar in place. Elevate the back of the stretcher only if necessary to support respiratory function, patient compliance or other significant treatment priority.
  - Instruct the patient to avoid moving their head or neck as much as possible.
  - For conscious patients that poorly tolerate a rigid cervical collar (e.g., due to anxiety, shortness of breath), the cervical collar may be replaced with a towel roll and/or padding to minimize spinal motion.
  - Patients with nausea or vomiting may be placed in a lateral recumbent position maintaining the head in a neutral position using manual stabilization, padding, pillows, and/or the patient's arm. See also Nausea/Vomiting Protocol 2.9.

### Advanced Life Support: Other News

The Protocol Committee is working on the 2015 protocols; you can expect to see a few new protocols and/or procedures such as Abdominal Pain, OB/GYN, Syncope, and Tourniquets.

The Drug Diversion Task Force continues to meet and collaborate with Health and Human Services and the Board of Pharmacy. You can expect to see some best practices in the future; stay tuned.

I am saddened to report that Dr. Tom D'Aprix and Dr. Jim Martin have resigned from the Medical Control Board. We wish them good luck in their futures. I can happily report that we have two new nominations to the board, Dr. Harry Wallus from Portsmouth Regional Hospital and Parkland Medical Center and Dr. Brain Sweeney from St. Joseph Hospital. We look forward to their participation.

### BEMS: North Country Facility

The North Country Facility in Bethlehem had opening ceremonies last week on Friday and Saturday. Finishing construction is still ongoing in the Classroom Building, but all other buildings are complete and ready for training. This facility has been built for both Firefighter training, and EMS training. Any are welcome to schedule use of the facility at this time. If interested, please contact Captain Nick Antonucci by calling 603-419-9444 or emailing him at [Nick.Antonucci@dos.nh.gov](mailto:Nick.Antonucci@dos.nh.gov). Please see page 6 for recent photographs of the facility.



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## NH Bureau of EMS Newsletter

### BEMS: North Country Training Facility

(continued)



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